										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										4	7/5	-4	6,9	32
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMÁ!		ENTITY	OR	OTHER SMALL	THAN
FOR			NUMBER FILED			NUMBER EXTRA			RAT		FEE) 	RATE	FEE
BASIC FEE											345.00	OR		690.00
TOTAL CLAIMS			33	minus 2	20=	. 18			X\$ 9=			OR	X\$18=	270
INDEPENDENT CLAIMS			2	minus	3 =	. /			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL		OR	TOTAL	9(1)		
CLAIMS AS AMENDED - PART II													OTHER	THAN
// - 2) (Column 1) (Column 2) (Column 3)									SMA	LLE	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	REM AF	AIMS AINING FTER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	ω.	Minus	**	75	=		X\$ 9	=	·	OR	X\$18=	, <u> </u>
	Independent.	•	2	Minus	***		=		X39=	=		OR	X78=	_
	FIRST PRESE	NTATIC	ON OF MU	JETIPLE DEP	PENE	DENT CLAIM			+130	_	_	OR	+260=	. —
								L	TO	ΓAL			TOTAL	
		(Coli	umn 1)		ıc	Column 2)	(Column 3)	*	ADDIT. F	EE (•	JOI1 /	ADDIT. FEE	
8		CL	AIMS			HIGHEST		ſ			ADDI-	ĺ		ADDI-
AMENDMENT		AF	AINING FTER NDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATI	Ε.	TIONAL FEE		RATE	TIONAL FEE
	Total	·		Minus '	**		=		X\$ 9	=		OR	X\$18=	
	Independent	ALTATIC	N OF M	Minus	***		=		X39=			OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130	=		OR	+260=	
								•	TOT ADDIT, F			OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	•		Minus	**		3		X\$ 9:	_		OR	X\$18=	
	Independent	•		Minus	**1	•	=	 	X39=	.	•		X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									\dashv		OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
**	i the "Highest Nu If the "Highest Nu	mber Pro	eviously Pa	id For IN THIS	SSP	ACE is less that	n 20, enter "20."	- A	TOT ODIT. F			OR	TOTAL ADDIT. FEE	
	The "Highest Nun							er four	nd in the	app	ropriate box	c in col	umn 1.	